# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CANDIDATE O	RCOMMITTEE		
3/31/22	Chase	Moor	e	
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DAT	5/22
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zin Code	- /
805 Famina Ct.	Coallation	T/	Zip Code 37066	Phone 615-584-293
4.b. CANDIDATE'S HOME APORESS (if differen	•			
Street or Rural Route	City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, i	f applicable) 6. NAM	E OF POLITICAL	TREASURER (may b	e candidate)
County Commissioner -	-District 13	CI	hase N	loore
7. CATEGORY OR REPORT (Check one)  TRST SECOND THRD QUARTER QUARTER QUARTER	FOURTH PRE-	PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD		GENERAL NG DATE OF REP	SUPPLEMENTAL ORTING PERIOD	SUPPLEMENTAL SUPPLEMENTAL
1/14/22		_3/3	1/22	
9. (Check one)	· - · · · ·			
<ul> <li>This campaign is exempt from details tures total \$1,000 or less for this repo</li> </ul>	ed disclosure because contribution of the description of the descripti	ons (including in-l 2d., 12e. and 12f	kind) received total \$1,	000 or less AND expendi-
b. This campaign is required to file a de and/or expenditures total more than to	tailed financial disclosure becau \$1,000 for this reporting period.	se contributions (	including in-kind) rece	ived total more than \$1,000
I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other not the candidate or for any other not the candidate.	ons and expenditures required to swear or affirm that no campaig	o be reported by t in contributions ha	the candidate committe ave been expended fo	ee by the Campaign
21 21-	_ 1 /	01	7	. ,
Chare Moore	3/31/22	Chare	Moore	3/3//22
signature or candidate	date	signature	of political treasurer	date
11. WITNESS SIGNATURE				
Signature of witness	3/81/22 date	Sug-	ature of witness	3/3//27 date
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT		************************	\$	_
b. TOTAL RECEIPTS THIS PERIOD		••••••	\$ 2,300	• -
c. TOTAL DISBURSEMENTS THIS PERIOD			<u>934.</u>	83
d. BALANCE ON HAND (12.a. plus 12.b. n	ninus 12.c.)	***************************************		\$ 1,365.17
d. BALANCE ON HAND (12.a. plus 12.b. n	FILED P	M		\$ <u>500</u>
f. TOTAL OBLIGATIONS OUTSTANDING				sO

## SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)  Chase Moore	14. REPORT COVERING THE PERIOD FROM: 1/16/22 TO: 3/31/22
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	11.31,751
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 1.150
b. Itemized Contributions (over \$100 from each source this period)	\$ 650
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	
16. LOANS RECEIVED THIS REPORTING PERIOD	·
17. INTEREST RECEIVED THIS REPORTING PERIOD	_
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	07
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category -	e.g., printing, postage, gasoline)
Printing \$ 106.	
\$	A. F. co. 3
	<del></del>
\$	
\$	And a state of
\$\$	<del></del>
	<u></u>
\$ \$	
<b>4</b>	<del></del>
•	
Total of Expenditures (\$100 or less each payee)	s <u>106.12</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>828.71</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	<u>934,83</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <i>O</i>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>934.83</u>
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$0
b. Itemized in-kind contributions (over \$100 from each source this period)	\$
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.	b.)\$
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Itemized Obligations Outstanding (Over \$100 each)	_
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite	m 12.f.)\$

## **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE	1		RING THE PERIOD
Chase N	oore	FROM: 1/14/2	Amount
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTION			1200 9
		ION (contributions totaling more than \$100 from any contribut	
First Name Robert	iddle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name Las Ford		Primary Election General Election	# 250
Address 1260 Twelve S	Jones Crossi	Runoff (Local Elections Only)	
City Goodletssville	State Zip Code 3707	Date of Contribution	Aggregate This Election
Occupation Chief Academ	ic Office	3/8/22	\$ 250
Employer Summer County			
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name  Moore		Primary Election	\$ 150
Address 454 Fannis	Circle	Runoff (Local Elections Only)	JA 130
city Gallatin	State Zip Code 3706	Date of Contribution	Aggregate This Election
Occupation Retired		3/9/22	\$ 150
Employer Retired			
First Name Jane	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	<u>_l,                                    </u>	Primary Election General Election	3 250
Address 1260 Twhe Stone	s Crossing	Runoff (Local Elections Only)	
Goodle Hosville	State Zip Code 370 7	Date of Contribution	Aggregate This Election
Occupation		3/11/22	¥ 250
Sunner Court	Schools		
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	<u> </u>	Primary Election General Election	
Address		Runoff (Local Elections Only)	
City	State Zip Code	Date of Contribution	Aggregate This Election
Occupation			
Employer			
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to item 3. of next page if additional page     (if this is the last page of contributions, this amount mus	s of this form are used.) It be shown in item 15b. of summ	nary.)	¥ 650

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE	2 Moore			210: 3/3//22						
			GE (enter \$0 if first itemized page)	A O						
4. COMPLETE THE APPROPRIA	ATE ITEMS FOR EACH ITEM	ZED IN-KIND CONT	RIBUTION (in-kind contributions totaling more than \$100 from any co	ontributor during the period)						
First Name	Middle Na	me	In-Kind Contribution Received For:  Primary Election General Election	Value of In-Kind Contribution						
Last Name/Organization Name			Runoff (Local Elections Only)							
Address			Date of In-Kind Contribution	Aggregate this Election						
City	State	Zip Code	Description of In-Kind Contribution							
Occupation	Employer									
First Name	diddle Na	ame	In-Kind Contribution Received For: ☐ Primary Election ☐ General Election	Value of In-Kind Contribution						
Last Name/Organization Name			Runoff (Local Elections Only)	Amount  Alue of In-Kind Contribution  Aggregate this Election  Value of In-Kind Contribution  Aggregate this Election						
Address			Date of In-Kind Contribution	Aggregate this Election						
City	State	Zip Code	Description of In-Kipa Contribution							
Occupation	Employer	1								
				A						
First Name	Middle N	ame	n-Kind Contribution Received For:  Primary Election General Election	Value of In-Kind Contribution						
Last Name/Organization Name			☐ Runoff (Local Elections Only)							
Address			Date of In-Kind Contribution	Aggregate this Election						
City	State	Zip Code	Description of In-Kind Contribution							
Occupation	Employer	1/								
		<u>/                                    </u>								
First Name	Middle N	lame	in-Kind Contribution Received For: ☐ Primary Election ☐ General Election	Value of In-Kind Contribution						
Last Name/Organization Name		<del></del>	Runoff (Local Elections Only)							
Address			Date of In-Kind Contribution	Aggregate this Election						
City	State	Zip Code	Description of In-Kind Contribution							
Occupation	Employer									
First Name	Middle N	lame	In-Kind Contribution Received For:	Value of In-Kind Contribution						
Last Name/Organization Name	l I		Runoff (Local Elections Only)							
Address			Date of In-Kind Contribution	Aggregate this Election						
City	State	Zip Code	Description of In-Kind Contribution							
Occupation	Employer			(						
	<u> </u>	<u> </u>								
5. TOTAL ITEMIZED IN-KI (Carry forward to item 3. of next	ND CONTRIBUTIONS t page if additional pages of this for	m are used.)		# 0						
	contributions, this amount must be		summary.)	19 0						

### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	100 m			2. REPORT COVER			
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU			/enter \$0 if first itemized pa	ge)	Amount	7)	
4. COMPLETE THE APPROPRIATE ITEMS FOR EA		<del></del>		-		<u> </u>	
First Name	Middle Name	е	Purpose of Expenditure		Amount of E	xpenditure	
Last Name/Business Name Signs.com	7		Yard Sig	31 S	\$399.71		
Address 1550 South Gla	diola	Street	[4.0]	, ,_	•		
City Salt Lake City	State	Zip Code 84104					
First Name	Middle Nam	-	Purpose of Expenditure	• ".	Amount of Expenditure		
Last Name/Business Name  Capito   Pro  Address PO Box 23	motio	ons Fac.	Large S	A 429			
City Glenside	State PA	Zip Code 19038					
First Name	Middle Nam		Purpose of Expenditure		Amount of E	xpenditure	
Last Name/Business Name	<u> </u>		_		į		
Address					i :		
City	State	Zip Code					
First Name	Middle Nam	e	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name	<u> </u>				,		
Address			+				
City	State	Zip Code	-			-	
First Name	Middle Nam	ne .	Purpose of Expenditure		Amount of	Expenditure	
Last Name/Business Name	<u> </u>						
Address		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
City	State	Zip Code					
First Name	Middle Nam	ае	Purpose of Expenditure		Amount of	Expenditure	
Last Name/Business Name	L						
Address			1				
City	State	Zip Code	-				
TOTAL ITEMIZED EXPENDITURES     (Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount mu			'		其《	328.71	

#### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE  Chase Moore									2. REPORT COVERING THE PERIOD FROM: TO:					
				rn Low				·····	11/	119		2	3	131/22
3. COMPLETE THE APPROPR	ATETIEMSE	OR EACH I	I EMIZ	CED LOAN (I	oans totaling	more	than \$100	from a	ny source	duri	ng the per	iod)		
Complete the Following for the Sour	ce of the Loan			Outstanding L	oan Balance	1	Loans		1 1	.oan	- 1	Outeta	ending I	_oan Balance
				(Beginning o		1	Received	đ		ymen	ts			Period)
Last Name/Organization Name  Moore  (Beginnin					) 	Ħ	50	0	3	C			5	00
805 Fanning Ct				Loan Receive			General	Electio	n	D.	ate of Loai		, /	22
Callatin	1770	Zip Code 3 706		Runoff (Local Elections Only)									· /	
· · · · · · · · · · · · · · · · · · ·	List All Endo			for Above Loa	,	ace	is needed	i pleas	se attach	nap	age)			
First Name		Middle Name	•		First Name							Middle h	lame	
Last Name/Organization Name					Last Name/C	)rgani	zation Nan	ne						
Address					Address									
City		Stale	Zip C	Code	City							State		Zip Code
Amount Guaranteed Outstanding					Amount Gua	rantee	ed Outstan	ding						
First Name Middle Name					First Name							Middle I	Name	
Last Name/Organization Name					Last Name/Organization Name									
Address					Address									
City		State	Zip (	Code	City	ity						State		Zip Code
Amount Guaranteed Outstanding					Amount Gua	rante	ed Outstan	iding		_				
First Name		Middle Nam	е		First Name Middle Name									
Last Name/Organization Name		<u> </u>			Last Name/Organization Name									
Address					Address					•				
City	<del></del>	State	Zip (	Code	City							State		Zip Code
Amount Guaranteed Outstanding		1			Amount Gua	rante	ed Outstan	nding						
First Name Middle Name					First Name Middle Name									
Last Name/Organization Name		_!			Last Name/	Organ	ization Na	me				1		
Address	•				Address									
City		State	Zip	Code	City				· <del>-</del> ··· · ·			State		Zip Code
Amount Guaranteed Outstanding	<del></del>	<b>-</b>	<del></del>		Amount Gua	erante	ed Outstar	nding				-		·
4. Totals for all Loans (complete (Total loans received should also be sh				· ·	Outstanding (Beginnir			·	Loans Received		Los Payri	an nents		tanding Loan Balance (End of Period)
(Total loan payments should also be sh (Total outstanding loan balance should a	iown in item 20. or	summary page	9.)		3/	2		<del></del>	50	0	**	0		500



### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD FROM: 1/16/22 TO: 3/31/23					
OBLIGATION (obligations totaling more than	COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Payments This Period	Outstan	ding Balance of Period)
First Name	Middle Na	me					
Last Name/Business Name							
Address			-				
City	State	Zip Code	1			/	/
Description of Obligation	<u>l</u>	<u> </u>	· <b>!</b> · · · · · · · · · · · · · · · · · · ·	<u> </u>			
First Name	Middle Na	ime					
Last Name/Business Name	1						
Address	<del></del>						÷
City	State	Zip Code					
Description of Obligation	<u>.1</u>			/		<u> </u>	
First Name	Middle Name						
Last Name/Business Name							
Address		······································					
City	State	Zip Code					1
Description of Obligation							
First Name	Middle N	erne					
Last Name/Business Name		.,			, ´		
Address	/						
City	State	Zip Code					
Description of Obligation	1		<u> </u>	<u>. I</u>	!	1	
First Name	Middle N	ame					
Last Name/Business Name	1	<del> </del>					
Address			·				
City	State	Zip Code	-				
Description of Obligation	1			.L	<u>.                                    </u>	<u> </u>	
4. TOTALS			<b>N</b> -	V	H	,,,	
(Total from Outstanding Balance - (End of Period) in item 23b. on summary page.)	column mu	ist also be shown	310	A O	40	Ħ	0